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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/653,995	
	Filing Date	September 4, 2003	
	First Named Inventor	Yongsheng Zhao	
	Art Unit	2811	
	Examiner Name	Jerome Jackson	
Total Number of Pages in This Submission	18	Attorney Docket Number	71442.0038

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Rev. of Power of Atty. w/new POA and Change of Corres. Address & Statement Under 37 C.F.R. 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert J. May, Reg. No. P-55,437
Signature	
Date	January 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.: 71442.0038

Customer No.: 35161

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Yongsheng Zhao, et al.

Group Art Unit: 2811

Application No.: 10/653,995

Examiner: Jerome Jackson, Jr. (Parent)

Confirmation No.: 4614

Filed: Sept. 4, 2003

FOR: HIGH POWER, HIGH LUMINOUS FLUX LIGHT EMITTING DIODE AND METHOD OF
MAKING SAME

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS AND STATEMENT UNDER 37CFR 3.73(b)**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir,

Enclosed please find the revocation of power of attorney with new power of attorney and change of correspondence address together with a statement under 37CFR 3.73(b). I have also included the assignment documents that have been submitted on October 14, 2003, but have not been recorded.

If there are any other fees due in connection with the filing of this document, the Commissioner is authorized to charge any related fees to our Deposit Account No. 04-1061.

Respectfully submitted,

Robert Julian May

Registration No. P-55,437

DICKINSON WRIGHT PLLC

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Date: January 28, 2004

JAN 28 2004
 U.S. PATENT AND TRADEMARK OFFICE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	
	Filing Date	
	First Named Inventor	
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	13	Attorney Docket Number 71442.00001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>PTO 1545 Form, Assignment Agreement, Schedule A</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<i>Jean C. Edwards, Reg. No. 41,728</i>
Signature	<i>Jean C. Edwards</i>
Date	<i>October 14, 2003</i>

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PLEASE DATE STAMP & RETURN

PATENT

DICKINSON WRIG ^PLLC
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Washington, D.C. 20036

Phone: (202) 457-1100

JCE/akc

The Patent Office acknowledges, and has stamped hereon,
the date of receipt of the items checked below:

Docket No.: 71442.00001
Appln. Serial No.:
Title:

Inventor(s):
Filing Date:

- | | |
|--|--|
| <input type="checkbox"/> Amendment Transmittal | <input type="checkbox"/> Certified Copy of the Priority Document |
| <input type="checkbox"/> for a Rule 53(c) provisional appln. | <input type="checkbox"/> Amendment (pages) |
| <input type="checkbox"/> for a §37.1 national phase of PCT | <input type="checkbox"/> Request for Extension of Time |
| <input type="checkbox"/> Specification (pages) | <input type="checkbox"/> Claims (pages) |
| <input type="checkbox"/> Abstract (page) | <input type="checkbox"/> Proposed revised Drawing (sheets) |
| <input type="checkbox"/> Declaration & Power of Attorney | <input type="checkbox"/> Assignment |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> PTO-1449 and references |
| <input type="checkbox"/> Small Entity Statement(s) | <input type="checkbox"/> List of Inventors |
| <input checked="" type="checkbox"/> Other: <u>PTO 1595 Form, Assignment Agreement and Schedule A</u> | |
| <input checked="" type="checkbox"/> Check for \$ <u>320.00</u> | <input checked="" type="checkbox"/> Check No. <u>12906</u> |
- Date: October 14, 2003

